CLAIMS ONLY

Application Number: 09/919619

Filing Date:

Applicant(s):

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51					
2		1					52					
3		2					53					
~~4~~							54					
~~5~~							55					
6		1					56					
7		2					57					
8		1					58					
9	1						59					
~~10~~							60					
11		1					61					
~~12~~							62					
13		1					63					
14		2					64					
15		3					65					
16		4					66					
17		2					67					
18							68					
19		1					69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
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34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	2						Total Indep					
Total Depend	19						Total Depend					
Total Claims	21						Total Claims					